

Foster Care Rate Increase

TO: Foster Care Eligibility and Social Services SW's
FROM: Merced County Human Services Agency
SUBJECT: Rate Increase as of January 1, 2008, for Merced County

BASIC FOSTER FAMILY HOMES

| | | |
|---------|--------------------|-----------|
| 0 - 4 | Years of Age | \$ 446.00 |
| 5 - 8 | Years of Age | \$ 485.00 |
| 9 - 11 | Years of Age | \$ 519.00 |
| 12 - 14 | Years of Age | \$ 573.00 |
| 15 - 19 | Years of Age | \$ 627.00 |

SPECIALIZED CARE RATES

| | | |
|-----------|-------|-----------|
| LEVEL 'A' | ..... | \$ 74.00 |
| LEVEL 'B' | ..... | \$ 150.00 |
| LEVEL 'C' | ..... | \$ 224.00 |

CLOTHING ALLOWANCE

| | |
|--|-----------|
| Initial Clothing 0 to 6 Years of Age | \$ 231.00 |
| Initial Clothing 6 Years of Age and Up | \$ 326.00 |
| Annual Clothing for All Ages | \$ 278.00 |

INFANT SUPPLEMENT

| | |
|--------------------------------|----------------------|
| Foster Family Home (FFH) | \$ 411.00 Per Infant |
|--------------------------------|----------------------|

NOTE: FOSTER CARE UNIT FAX NUMBER: (209) 725-3583

Foster Care Rate Increase (Continued)

(Rate Increase Effective January 1, 2008)

FOSTER FAMILY AGENCIES (FFA)

| | | |
|---------|--------------------|-------------|
| 0 - 4 | Years of Age | \$ 1,589.00 |
| 5 - 8 | Years of Age | \$ 1,648.00 |
| 9 - 11 | Years of Age | \$ 1,697.00 |
| 12 - 14 | Years of Age | \$ 1,787.00 |
| 15 - 19 | Years of Age | \$ 1,865.00 |

Exceptions:

Creative Alternatives FFA:

| | | |
|-------|--------------------|-------------|
| 0 - 4 | Years of Age | \$ 1,597.00 |
|-------|--------------------|-------------|

Families First FFA:

| | | |
|--------|-------------------------------|-------------|
| 0 - 19 | Years of Age (All Ages) | \$ 2,074.00 |
|--------|-------------------------------|-------------|

SERVICE & RATE LEVELS – FFA ITFCP*

| | | |
|-----------|-------|-------------|
| LEVEL 'A' | ..... | \$ 4,476.00 |
| LEVEL 'B' | ..... | \$ 4,105.00 |
| LEVEL 'C' | ..... | \$ 3,721.00 |
| LEVEL 'D' | ..... | \$ 3,359.00 |
| LEVEL 'E' | ..... | \$ 2,985.00 |

* - ITFCP > Intensive Treatment Foster Care Programs)

FFA NON-TREATMENT RATE

| | | |
|---------|--------------------|-----------|
| 0 - 4 | Years of Age | \$ 414.00 |
| 5 - 8 | Years of Age | \$ 450.00 |
| 9 - 11 | Years of Age | \$ 479.00 |
| 12 - 14 | Years of Age | \$ 533.00 |
| 15 - 19 | Years of Age | \$ 580.00 |

INFANT SUPPLEMENT – GROUP HOME

| | |
|------------------|----------------------|
| Group Home | \$ 890.00 Per Infant |
|------------------|----------------------|

Foster Care Rate Increase (Continued)

(Rate Increase Effective January 1, 2008)

GROUP HOMES RATE CLASSIFICATION LEVEL (RCL)

| | | |
|----------|-------|-------------|
| RCL - 1 | ..... | \$ 1,486.00 |
| RCL - 2 | ..... | \$ 1,889.00 |
| RCL - 3 | ..... | \$ 2,287.00 |
| RCL - 4 | ..... | \$ 2,689.00 |
| RCL - 5 | ..... | \$ 3,088.00 |
| RCL - 6 | ..... | \$ 3,489.00 |
| RCL - 7 | ..... | \$ 3,889.00 |
| RCL - 8 | ..... | \$ 4,291.00 |
| RCL - 9 | ..... | \$ 4,690.00 |
| RCL - 10 | ..... | \$ 5,092.00 |
| RCL - 11 | ..... | \$ 5,490.00 |
| RCL - 12 | ..... | \$ 5,891.00 |
| RCL - 13 | ..... | \$ 6,294.00 |
| RCL - 14 | ..... | \$ 6,694.00 |

REFERENCES

All County Letter No. 07-xx, Effective January 1, 2008
SUBJECT: AFDC-FC, Kin-GAP, and AAP Program Rates

Senate Bill (SB) 84, Chapter 177, Statutes of 2008

Welfare and Institution (W&I) Code, Sections:

11461(c)(6), 11461(d)(1)(c), 11461(d)(2)(A), 11461(d)(2)(B), 11461(e)(4)(A), 11461(f)(3)(A)-(C),
11461(f)(4), 11461(f)(5), 11462(f)(1), 11462(f)(2)(A), 11462(g)(4), 11465(a), 11645(c)(4),
and 16121.01

Foster Care Rates Regulations, 11-420.1(11)

SPECIAL CARE INCREMENTS CRITERIA

The following special needs of the individual child determine the level of care.

Ages 0-4

Level 1—one or more:

- Extraordinary transportation expenses
- Drug withdrawal
- Extraordinary sleep disturbances
- Tantrums
- Destructive behavior—*toward self or others*
- Special diets requiring extra/different food purchases and/or preparation

Level 2—two or more:

- Extraordinary transportation expenses
- Severe drug withdrawal
- Frequent medical appointments
- Severe tantrums
- Not toilet trained (3- to 4-year-old)
- Destructive behavior

Level 3

- Medically fragile with frequent medical appointments and special care needed
- Severe developmental delays
- Special care needed as prescribed by a doctor (exercises, massages)
- Unsocialized (3- to 4-year-old)
- Autism
- Encopretic (3- to 4-year-old)
- Asocial or severely depressed

Ages 5-11

Level 1

- Needs assistance in self-care—*dressing, bathing*
- Visitations (out-of-county) two to three times per week
- Unsocialized behavior
- Severe sleep disturbances
- Severe tantrums
- Destructive behaviors—*self, others, or property*
- Enuretic
- Medical problems needing frequent treatment and help in self-medicating—*medically fragile*

Level 2

- Two or more problems described in Level 1; or
- Needs to be dressed/bathed
- Non-ambulatory
- Requires specialized personal care
- Encopretic

Level 3

- Severe depression—*may be suicidal*
- Autistic
- Childhood psychosis
- Awaiting institutional placement
- Foster parent must administer, monitor, and report medications—*anti-seizure, psychotropics, insulin*
- Non-ambulatory
- Severely developmentally delayed

Ages 12-18

Level 1

- Conduct disorder
- Destructive behaviors
- Frequent truancy
- Requires very close supervision
- Requires assistance in personal care

Level 2

- History of failed placements—*runaway*
- Sexual acting out
- Emotional disturbances
- Retarded—*requiring close supervision*
- Enuretic/encopretic
- Pregnant

Level 3

- Substance abuse
- Severe depression—*may be suicidal*
- Dangerous behaviors
- Non-ambulatory
- Psychotic
- Character disordered or severely retarded
- Parenthood supervision and training

Guidelines—Specialized Foster Care Rate Determination

1. Temporary Assistance for Needy Families–Family Group (TANF-FG) payments in excess of the regular approved foster care rates shall be paid only in the following special circumstances:
 - a. Where the assessment of the child’s behavior indicates the need for increased levels of care, supervision, and involvement in the treatment plan on the part of the foster family.
 - b. Where the health needs of the child requires increased levels of care, supervision, or transportation.
2. The level of the special rate will be determined by completion of the [Specialized Foster Care Rate Determination Worksheet](#) (24-59).
3. The social worker assigned to the child’s case must fill out the 24-59. Documentation of the child’s behavior and/or health needs must be sought from the foster parent; however, the timely completion of this form is solely the assigned social worker’s responsibility.
4. The effective date is the date the form is completed and signed by the assigned social worker. The specialized rates will be reviewed and redetermined at the six-month TANF-Foster Care redetermination date. These specialized rates will change as the emotional/medical needs of the child change.
5. The social worker’s supervisor must approve and sign the 24-59.
6. The licensing worker must check that required training (8 hours) has been completed and documented before approval and signature.
7. The program manager must approve and sign the 24-59.
8. The foster parent must document all severe behavior/health needs before and during the receipt of specialized foster care rates. The social worker will help the foster parent with format of documentation.

SPECIALIZED RATE DETERMINATION

| | | |
|---|----------------|-----------------|
| Level of Care (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Effective Date | Expiration Date |
|---|----------------|-----------------|

TO BE COMPLETED BY SOCIAL WORKER ASSIGNED TO CHILD'S CASE

| | | |
|--|----------------|-------------------|
| Eligible Licensed Merced County Foster Home/Relative | License Number | |
| Child's Name | Date of Birth | Chronological Age |
| Specific Diagnosis | | Developmental Age |

Name of Therapist/Physician: _____

SPECIAL CARE FACTORS/TREATMENT PLANS

| AGES 0 TO 4 | | | AGES 2 TO 4 |
|---|---|--|---|
| <input type="checkbox"/> Drug withdrawal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Tantrums <input type="checkbox"/> Moderate/short <input type="checkbox"/> Severe/prolonged | <input type="checkbox"/> Emotional problems <input type="checkbox"/> Asocial <input type="checkbox"/> Severely depressed <input type="checkbox"/> Autistic | <input type="checkbox"/> Not toilet trained <input type="checkbox"/> Encopretic (soils) <input type="checkbox"/> Enuretic (bedwetting) |
| <input type="checkbox"/> Medically fragile with frequent illnesses <input type="checkbox"/> Special medical equipment (monitor, etc.) <input type="checkbox"/> Severe sleep disturbances <input type="checkbox"/> Special diet _____ | <input type="checkbox"/> Destructive behaviors <input type="checkbox"/> Toward self <input type="checkbox"/> Others <input type="checkbox"/> Property | | |

AGES 5 TO 11

| | | |
|--|--|--|
| <input type="checkbox"/> Requires assistance in personal care <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing | <input type="checkbox"/> Specialized personal care needed <input type="checkbox"/> Physical therapy <input type="checkbox"/> Enuretic (bedwetting) <input type="checkbox"/> Encopretic (soils) <input type="checkbox"/> Other | <input type="checkbox"/> Emotional problems <input type="checkbox"/> Severe depression <input type="checkbox"/> Suicidal <input type="checkbox"/> Autistic <input type="checkbox"/> Character disorder <input type="checkbox"/> Asocial <input type="checkbox"/> Borderline |
| <input type="checkbox"/> Severe tantrums <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Serious medical problems <input type="checkbox"/> Frequent medical treatment needed | <input type="checkbox"/> Requires frequent school visits by foster parent | |
| <input type="checkbox"/> On medication <input type="checkbox"/> Self-administered <input type="checkbox"/> Injection <input type="checkbox"/> Close supervision | <input type="checkbox"/> Developmentally delayed <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Destructive behavior <input type="checkbox"/> Towards self <input type="checkbox"/> Others <input type="checkbox"/> Property |
| <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> Self-directed <input type="checkbox"/> Towards/with others | <input type="checkbox"/> Pregnant | |

MERCED COUNTY SPECIALIZED RATE DETERMINATION

AGES 12 TO 18

- | | | |
|--|--|---|
| <input type="checkbox"/> Unsocialized behavior | <input type="checkbox"/> Requires frequent school visits by foster parent | <input type="checkbox"/> Developmentally delayed |
| <input type="checkbox"/> Delinquent behavior | <input type="checkbox"/> Requires close supervision | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Severe tantrums | <input type="checkbox"/> History of failed placements | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Towards self | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Severe depression |
| <input type="checkbox"/> Others | <input type="checkbox"/> Drugs | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Property | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Asocial |
| <input type="checkbox"/> Serious medical problems | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Character disorder |
| <input type="checkbox"/> Frequent medical treatment needed | <input type="checkbox"/> Non-Ambulatory | <input type="checkbox"/> Borderline |
| <input type="checkbox"/> on medication | | <input type="checkbox"/> Psychotic |
| <input type="checkbox"/> Requires assistance in personal care | <input type="checkbox"/> Beyond caretaker control behavior | <input type="checkbox"/> Frequent Truant |
| <input type="checkbox"/> Dressing | | <input type="checkbox"/> Enuretic |
| <input type="checkbox"/> Bathing | | <input type="checkbox"/> Encopretic |
| | | <input type="checkbox"/> Anorexic |
| | | <input type="checkbox"/> Bulimic |

SIGNATURES

1 Child Welfare Social Worker *(Print name and sign)*

➤

Date

2 Licensing Program Analyst *(Print name and sign)*

➤

Date

- ☐ I certify a training needs assessment has been completed specific to the special needs of the child in care.
- ☐ This home has not received training to meet the specific needs of this child.
- ☐ Pre-placement training needs are as follows:

Note: The initial training must be provided before the child is placed and specialized Foster Care rates are paid.

3 Supervisor *(Print name and sign)*

➤

Date

4 Program Administrator *(Print name and sign)*

➤

Date